DOCUMENT RESUME

ED 170 615 CG 013 389

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TITLE Coordinating Hospital and Community Services: Issues and Perspectives. Aftercare: An Alternative in the Community.
PUB DATE 29 Aug 78
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978); Best copy available
AVAILABLE FROM Transitional Services for NY Inc., 71 Circle Dr., West Brentwood, NY 11717 ($1.00)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Community Resources; *Community Services; Counseling Programs; Helping Relationship; *Mental Health Programs; Patients (Persons); *Program Coordination; *Rehabilitation Centers; *Rehabilitation Programs

ABSTRACT

A model developed by Transitional Services for New York, Inc., for collaboration between State and County government under private, not-for-profit auspices is described which attempts to assist the transition of former psychiatric patients into the community. The agency functions are described in terms of: (1) a tri-level housing network including a halfway house, supervised apartments, and independent apartments; (2) a program philosophy based on linkages to the community, especially ties to recreational, medical, dental, psychiatric, vocational, educational, religious, and transportation resources; and (3) the provision of the necessary supports to enable its clients to become productively re-integrated into the mainstream of society. (Author)

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COORDINATING HOSPITAL AND COMMUNITY SERVICES - ISSUES AND PERSPECTIVES

A DIVISION 27 SYMPOSIUM
AMERICAN PSYCHOLOGICAL ASSOCIATION
Toronto, Canada
August 29, 1978
CHAIR - JUDITH E. ALBINO

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CG013389

Aftercare: An Alternative in the Community

There has been considerable attention recently paid by the media to the plight of the chronic mental patient. On January 15, 1978, a front page headline in the New York Times read "28% Are Held in Mental Hospitals Needlessly, New York Study Says." The information gleamed from that headline is that there are a large number of chronic mental patients who are currently hospitalized but who should be living in less restrictive community settings. Nine days later, on January 24, 1978, a lengthy article in the Wall Street Journal was entitled, "Revised Rules Reduce Involuntary Confining of Psychiatric Patients - Warehousing of People Ends..." The Wall Street Journal addressed the legal developments in the area of involuntary commitment that have stimulated safeguards to avert situations such as that described by the Times.

In February, 1978, the Scientific American printed an article entitled "Deinstitutionalization and Mental Health Services." Its sub-title read "The resident population of large mental hospitals has been reduced by two-thirds in 20 years, but chronic patients are being discharged to a lonely existence in hostile communities without adequate care." This extensive survey of the historical developments and resultant problems in the field of mental health as they have affected the chronically mentally ill concludes "...it is important to remember that neither the hospital nor the community approach is inherently the more humane." There is

obviously, still, a great deal of political, professional, and social controversy about residential placement of those with chronic mental disabilities. But we are slowly finding answers to the meaning of "appropriate care and treatment" of this population. Treatment must be broadly interpreted to include a responsive approach to the human, as well as psychiatric needs, of the mentally disabled fully using all resources of the community, including the psychiatric hospital. I am suggesting that psychiatric hospitalization cannot be seen as a "failure" for the psychiatric patient, his therapist, or the community agency working with the client. Rather, such hospitalization must be seen as a response to the intrinsic nature of the illness with which we are dealing. Successful collaboration between hospital and community services requires ongoing provision of the necessary supports that can improve quality of life and therefore lengthen the periods of time successfully spent in the community while carefully monitoring and responding to the ex-patients' needs for periods of acute, intensive treatment (sometimes on an in-patient basis).

Since 1974, Transitional Services for New York, Inc. has provided an operational model of those supports that will best enhance the quality of life of the chronically mentally disabled. The agency is a private not-for-profit corporation with origins

in the consumer mental health movement; it was founded by the Federation of Parents Organizations for New York State Mental Institutions. It is jointly funded through State and local governments in Queens and Suffolk Counties, New York. The agency currently operates 64 half-way house beds, 44 supervised apartment beds, and 40 supportive living beds and has provided services to approximately 400 clients since its inception.

The client population ranges in age from 18 to 64; the average age is 28 years. By age 28, the average client has had four psychiatric hospital admissions and has usually been labeled "schizophrenic" at least once. The agency attracts, therefore, a young, high-risk, vulnerable population.

The program is licensed by the New York State Office of Mental Health as a community residence for the adult mentally ill. In addition to the tri-level housing network, the agency provides case management services. An attempt is made to assess the human needs of clients and link them to appropriate community services. In essence, Transitional Services for New York, Inc. attempts to provide the necessary supports to enable its clients to become productively reintegrated into the mainstream of society.

Service delivery components include:

1. Housing - Clients progress through the tri-level housing network according to their individual needs. The halfway houses make use of unused

space on the grounds of two State psychiatric centers in New York State. Supervised apartments in the community provide 24-hour staff supervision in scattered community sites. Supportive-living apartments have no on-site supervision but provide periodic visitation and crisis intervention.

2. Psychiatric Care - Each client in the program is linked to a psychiatric clinic or private practitioner in the community for medication and/or therapy on an ongoing basis. The agency itself does not provide "treatment" nor is the client allowed to maintain a role of "sickness" that pervades his life experience.

3. In-Patient Hospitalization - When a person appears to be dangerous to himself or others, or when a person would seem to benefit most from a period of brief in-patient hospitalization, staff encourages the client to seek a short period of acute in-patient hospitalization on a psychiatric ward in a general hospital in the community. When possible, the admission is a voluntary one. In almost all cases, the client is assured that he will return to the program when indicated. There is ongoing communication and joint planning between hospital and agency staff. On infrequent occasions, when stabilization takes longer, hospitalization in a State psychiatric center may be recommended.

4. Financial Assistance - Most clients in the program are SSI eligible. A financial social worker makes the necessary arrangements for clients to receive Social Security Disability Income or interim Home Relief. In this way no client in the program is financially indigent. In addition to having funds to pay for rent, food, and a fee for service, the client retains enough money to learn budgeting in a realistic manner.

5. Community Living Skills - Clients receive both formal and informal instruction in all the skills of daily living. These include cooking, housekeeping, shopping, grooming, etc. A licensed teacher with specialized training in the field of special education has developed a unique curriculum accompanied by lesson plans that can be utilized individually or in small groups.

6. Health Care - It is clearly recognized that mind and body are integrally related and that health maintenance is essential to psychological well-being. Therefore, each client is linked to a clinic or private practitioner of his own choosing in the community. In addition to routine health care, clients are taught the importance of diet, nutrition, and self-care in relation to their health. In the case of acute medical emergencies, clients are trained to use emergency rooms of general hospitals.

7. Vocational Rehabilitation - Work is considered of prime importance to the rehabilitation process. From the point of initial entry into the program, clients are advised that it will be necessary for them to attend a full-time day program of personal importance. Staff and client work jointly to evaluate the vocational strengths and abilities in order to make an individualized placement. A continuum of services offered by the agency include educational programs, training schools, sheltered workshops, volunteer assignments and competitive employment. Our staff has consistently found that a person's vocational role is a strong determinant of self-esteem. Clients are counseled in the techniques of finding work as well as maintaining job positions. Surprisingly, job development is often easier than job maintenance. The agency has successfully undertaken two innovative and successful ventures of vocational rehabilitation. Working in conjunction with LaGuardia Community College of the City of New York, the agency is planning a specialized work-study program to train ex-mental patients to assume roles as mental health technicians. Based on a self-help concept, the program has created enthusiasm amongst clients and Federal funding sources. In the area of competitive employment, the agency has negotiated an agreement with the CETA program to provide opportunities for employment within both the private and public sector for clients of the program. Additionally, a special CETA grant has been obtained to hire staff to provide counseling and support of group work experiences. Thus far, the project has solicited the support, interest and cooperation of several large employers in the New York area.

8. Counseling Services - Staff is trained to help clients deal with the concrete reality issues of life in the community. Additionally, staff provides crisis intervention to help clients overcome any overwhelming problem which may occur to them during the course of the day.

9. Social Supports - A natural phenomena that seems to occur is that clients in the program develop a social network which becomes a powerful base of support. In most cases, clients enter the program because there has been some breakdown in their social network. Group living is both economically feasible and socially desirable; it best enhances a client's chances at success in the community.

10. Transportation - Because one of the agency's programs is in a suburban area that lacks a coordinated system of mass transit, transportation is an important issue that must be addressed. Staff has found that clients need a sense of mobility and freedom to change their physical environment. Whenever possible, clients are trained to make use of public transportation. Counselors "shuttle" clients to and from work and any important appointments in lieu of public transportation. Recently staff has begun working with several clients in the area of driver education so that clients may obtain licenses.

11. Consumerism - Although there is an inherent inequality between staff and clients because the former are helpers and the latter are being "helped", clients are taught the basic tenets of consumerism. There are established grievance procedures for clients to follow within the agency that are usually applicable to other social institutions that clients will come into contact with in the larger community. Clients meet together with staff once a week for a community meeting. Important in-house issues are discussed and clients have the opportunity to air any complaints they may have about other clients or staff members.

12. Recreation - The intent of the program is not to create an extensive in-house recreation program; rather, clients are encouraged to use generic recreational

facilities in the community. Staff does provide clients with an introduction to hobbies and other leisure time pursuits that they may ultimately take with them into the community.

In a July, 1977 paper entitled "Comprehensive Community Support Systems for Severely Mentally Disabled Adults," Judith Clark Turner of the Community Support Program of NIMH defines a community support system:

> A community support system (CSS) is a network of caring and responsible people committed to assisting a vulnerable population to meet their needs and develop their potentials without being unnecessarily isolated or excluded from the community. The people in this network must have appropriate skills, facilities and resources at their disposal in order to accomplish this goal.

She then describes the functional characteristics that are often manifested by this population:

- they have had or will have sustained contact with the mental health system;
- their illness or disability is not usually remediable by acute short-term treatment;
- their capacity to work in regular employment is impaired;
- they have difficulty with basic activities of daily living;
- they are frequently unable to seek out and enjoy leisure time activities;
- their relations with others are strained by what others experience as extreme dependency and strong and sustained demand for tolerance of odd behavior and idiosyncratic interests;